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## APPLICANTS

UMAR M. AHMAD, HOPEWELL JUNCTION, NY;  
 RASCHID J. BEZAMA, MAHOPAC, NY;  
 JAMES N. HUMENIK, LAGRANGEVILLE, NY;  
 JOHN U. KNICKERBOCKER, WAPPINGERS FALLS, NY;  
 GOVINDARAJAN NATARAJAN, PLEASANT VALLEY, NY;  
 RAO V. VALLABHANENI, HOPEWELL JUNCTION, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials				

## ADDRESS

32074

## TITLE

A Method of Making a Multichannel and Multilayer Pharmaceutical Device

<b>FILING FEE RECEIVED</b> 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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